

**DEBIT AUTHORIZATION-
St. John Paul II Catholic Church**

I (we) hereby authorize St. John Paul II Catholic Church to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until St. John Paul II Catholic Church has received written notification from me (or either of us) **OF ANY CHANGES OR ITS TERMINATION** in such time and manner as to afford St. John Paul II Catholic Church and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Address, City, State, Zip)

(Date)

Please Check One:

_____ Monthly Deduction on 1st of the month, _____ Total Amount

_____ Monthly Deduction on 15th of the month, _____ Total Amount

_____ Bi-Monthly Deduction 1st & 15th of Month, _____ Total Amount

Breakdown of Deduction:

_____ Sunday Collection

_____ Facility Repair/Improvements

_____ Christian Outreach

_____ Hands Across Haiti

_____ Total Deduction

******PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM******